

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

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INTELLECTUAL PROPERTY LAW
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FACSIMILE COVER SHEET

AUG 16 2005

Deliver to: Brian Hcally, USPTO Art Group: 2883
 Facsimile No.: (571) 273-8300 Date: August 16, 2005
 From: William E. Alford, Reg. No. 37,764
 Our Docket No.: 3239P081D3 Number of pages 7 including this sheet.
 Application No.: 10/650,543 Filing Date: 8/28/2003
 Docket Due Date(s): 8/28/2005

Enclosed are the following documents:

- | | |
|--|---|
| <input type="checkbox"/> Amendment: _____ (____ pgs) | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Appeal Brief (____ pgs) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Application: _____
(. ____ pgs) w/cover & abstract | <input type="checkbox"/> Petition for: _____ |
| <input type="checkbox"/> Assignment & Cover Sheet (____ pgs) | <input type="checkbox"/> Request for Continued Examination (RCE) |
| <input checked="" type="checkbox"/> Certificate of Facsimile | <input type="checkbox"/> Reply Brief (____ pgs) |
| <input type="checkbox"/> Continued Prosecution Application (CPA) | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i) |
| <input type="checkbox"/> Declaration & POA (____ pgs) | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request |
| <input type="checkbox"/> Drawings: ____ sheets, ____ figures | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Extension of Time: _____ | <input type="checkbox"/> Response to Written Opinion (____ pgs) |
| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate) | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> IDS & PTO/SB/08 (____ pgs) | <input type="checkbox"/> Transmittal of Publication Fee Due |
| <input checked="" type="checkbox"/> Other Applicant's Interview Summary | <input checked="" type="checkbox"/> Transmittal Letter |

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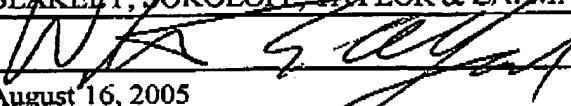
Pat Sullivan 8/16/2005
Pat Sullivan Date

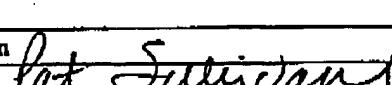
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/650,543
		Filing Date	August 28, 2003
		First Named Inventor	Rajiv Ramaswami
		Art Unit	2883
		Examiner Name	Brian Healy
Total Number of Pages in This Submission	7	Attorney Docket Number	3239P081D3

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; width: fit-content;">Applicant's Interview Summary; Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William E. Alford, Reg. No. 37,764 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 16, 2005

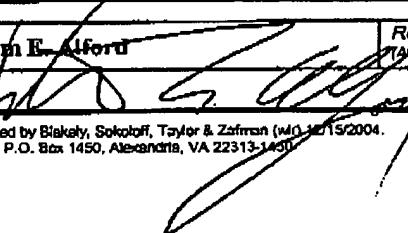
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Typed or printed name	Pat Sullivan
Signature	
Date	August 16, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wt) 03/04/2004.
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FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>																																																																																																																									
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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP <p style="margin-left: 20px;">For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.																																																																																																																											
FEE CALCULATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">1. EXTRA CLAIM FEES</th> <th style="text-align: center;">Extra Claims</th> <th style="text-align: center;">Fee from below</th> <th style="text-align: center;">Fee Paid</th> </tr> <tr> <td>Total Claims</td> <td>22</td> <td style="text-align: center;">- 22* =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00 = \$0.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td style="text-align: center;">- 5* =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 200.00 = \$0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Large Entity</td> <td>Small Entity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1202 50</td> <td>2202 25</td> <td colspan="3">Claims in excess of 20</td> </tr> <tr> <td>1201 200</td> <td>2201 100</td> <td colspan="3">Independent claims in excess of 3</td> </tr> <tr> <td>1203 300</td> <td>2203 180</td> <td colspan="3">Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204 300</td> <td>2204 150</td> <td colspan="3">**Resue independent claims over original patent</td> </tr> <tr> <td>1205 300</td> <td>2205 150</td> <td colspan="3">**Resue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">SUBTOTAL (1)</td> <td style="text-align: center;">(\$)</td> <td style="text-align: center;">0.00</td> </tr> </table> <p style="text-align: right; font-size: small;">*or number previously paid, if greater. For Resues, see below</p>				1. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid	Total Claims	22	- 22* =	0	x 50.00 = \$0.00	Independent Claims	3	- 5* =	0	x 200.00 = \$0.00	Multiple Dependent					Large Entity	Small Entity				Fee Code (\$)	Fee Code (\$)				1202 50	2202 25	Claims in excess of 20			1201 200	2201 100	Independent claims in excess of 3			1203 300	2203 180	Multiple Dependent claim, if not paid			1204 300	2204 150	**Resue independent claims over original patent			1205 300	2205 150	**Resue claims in excess of 20 and over original patent					SUBTOTAL (1)	(\$)	0.00																																																												
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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	William E. Alford	Registration No. (Attorney/Agent)	37,764	Telephone (714) 557-3800
Signature			Date	08/16/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (M1-12/15/2004).
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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT	(\$)	0.00
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Complete if Known

Application Number	10/650,543
Filing Date	August 28, 2003
First Named Inventor	Rajiv Ramaswami
Examiner Name	Brian Healy
Art Unit	2883
Attorney Docket No.	3239P081D3

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Fee Code (\$)	Fee	Extra Claims	Fee from below	Fee Paid
Independent Claims	22	22*	=	0	x 50.00 = \$0.00
3	3*	=	0	x 200.00 = \$0.00	
Multiple Dependent					

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	300	2203	100	Multiple Dependent claim, if not paid
1204	300	2204	150	**Rescue independent claims over original patent
1205	300	2205	150	**Rescue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)	0.00	

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
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2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,560	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
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1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2480	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(d)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		SUBTOTAL (2)	(\$)	

Fee Paid

SUBMITTED BY

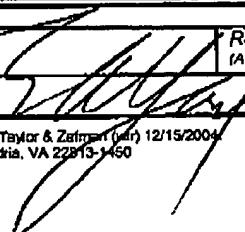
Name (Print/Type) William V. Alford

Registration No.
(Attorney/Agent)

37,764

Complete (if applicable)

Telephone (714) 557-3800

Signature 

Date 08/16/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (as of 12/15/2004)
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Appl. No. 10/650,543
Dated 08/16/2005
Reply to Office Communication of 07/29/2005

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AUG 16 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/650,543
Applicant : Rajiv Ramaswami, et al.
Filed : 08/26/2003
Title : SIGNALS AND METHODS FOR INCREASING RELIABILITY IN
OPTICAL NETWORK EQUIPMENT (As Amended)
TC/A.U. : 2883
Examiner : Brian Healy

Docket No. : 3239P081D3
Customer No. : 8791

APPLICANT'S INTERVIEW SUMMARY

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313

Dear Sir:

Applicant respectfully thanks the Examiner for the interview held on 07/28/2005.
Applicant's interview summary is provided below.

REMARKS begin on page 2.

CONCLUSION and signature is on page 3.

3239P081D3

- 1 -